FABRICATION REQUEST								
ED37 DATE RECEIVED:			ED37 CONCURRE	NCE:		ED37 CUSTOMER ORDER NUMBER:		
DATE:			NEED DATE:		PROJECT:	I		
WBS ELEMENT:					FUNDING CONTACT/F	PHONE:		
FUND:					FUND CENTER:			
TYPE OF WORK: FLIGHT GSE DEVELOPMENT MOCKUP TEST			☐ QUALITY SEN☐ NON-QUALITY		MAKE OR BUY: IN-HOUSE OUTSOURCING	IN-HOUSE PERFORMANCE METRICS: % QUALITY % SCHEDULE % COST 100 %		
	TION OF EN		CHECK ONLY ONE)		MBLY ☐ NO DELIV	/ERABLE END ITEM		
REQUESTER/CONTACT NAME			i:	PHONE NUMBER:	ORGANIZATION:	REQUESTER CONTROL NUMBER:		
ITEM	QTY			D	ESCRIPTION OF WORK	<		
DRINT NA	ME AND M		PPROVED SIGNATU SANIZATION CODE:		ANAGER OR CONTRA			
7 131141 14/	/ (141) ///	J. 5 5116		SIGNATURE				

FABRICATION REQUEST - CONTINUATION							
ITEM	QTY	DESCRIPTION OF WORK					